SOLID WASTE FACILITY PERMIT					1. Facility/Permit Number:		
2. Name and Street Address of Facility:		3. Name and M Operator:	3. Name and Mailing Address of Operator:		4. Name and Mailing Address of Owner:		
5. Specifications:							
a. Permitted Operations:b. Permitted Hours of Operation:	[] Composting Facility (mixed wastes) [] Composting Facility (yard waste) [] Landfill Disposal Site [] Transformation Facility (Station	ity	
c. Permitted Tons per Operating Day:							
Non-Hazardous - General							
Outgoing waste materials (for one of the control of	al recover		Vehi	cles/Day		Vehicles/Day	
e. Key Design Parameters (Detaile							T ("
Dormitted Area (in agree)	Total	Disposal	Transfer	M	IRF	Composting	Transformation
Permitted Area (in acres) Design Capacity		a a	a tpd		d tod	a tpd	a tpd
Max. Elevation (Ft. MSL)		cy	ιρα		tpd	ιρα	ιρα
Max. Depth (Ft. BGS)		ft					
Estimated Closure Date							
Upon a significant change in design or							oulated permit
findings and conditions are integral parts of this permit & supersede the conditions of any previously is 6. Approval:					7. Enforcement Agency Name and Address:		
Approving Officer Signature							
Name/Title							
8. Received by CIWMB:	9. CIWMB Concurrence Date:			10. Permit Issued Date:			
11A. Next Permit Review Due Date:		11B. Permit Transfer Date:			11C. Permit Review Date:		